### **HERS**

nental Group, LLC in Road le, VT 05661



7008 3230 0001 3627 3805





U.S. Epa – Region 1
Asbestos NESHAP Division
Attn: Demo/Reno Notifications
Boston, MA 02109-3912







Environmental Group, LLC 29 Duncan Road Morrisville, VT 05661 CERTIFIED MAIL.



7008 3230 0001 3627 3805

RETURN TIPT

U.S. Epa – Region 1 Asbestos NESHAP Division Attn: Demo/Reno Notifications Boston, MA 02109-3912

| Operator Project # CEG   | Date Received  |                | Notification #                        |                    |                     |                  |                 |  |  |  |  |
|--|----------------|----------------|---------------------------------------|--------------------|---------------------|------------------|-----------------|--|--|--|--|
| L Type of Notificat  | ion (check one | ): 🗸 Or        | iginal                                | Revised            | Cance               | eled             |                 |  |  |  |  |
| II. Facility Descri  |                |                |                                       |                    |                     |                  |                 |  |  |  |  |
| Address: 103 South I   |                |                |                                       |                    |                     |                  | 14.             |  |  |  |  |
|  | viain oneet    | Stat           | . Vermor                              | nt Zip Code: (     | 05671               | County: Washi    | naton           |  |  |  |  |
| Site Location : Waterbu  |                |                |                                       |                    |                     | County           |                 |  |  |  |  |
| Building Size (square fee  |                |                |                                       | of Floors: 3       |                     | Age in Years: 95 | +/-             |  |  |  |  |
| Present Use: State Off   |                |                |                                       | ior Use: State h   |                     | age in Tears.    |                 |  |  |  |  |
|  |                |                |                                       |                    |                     | Renovation       | Fire Training   |  |  |  |  |
|  |                |                |                                       |                    |                     |                  |                 |  |  |  |  |
| IV. Is Asbestos Present? (check one): ✓ Yes  |                |                |                                       |                    |                     |                  |                 |  |  |  |  |
| •  |                | nont, Departm  | ent of Build                          | lings & General    | Services            |                  |                 |  |  |  |  |
| Address: 2 Go  | vernor Aiken   | Avenue, Draw   | er 33                                 |                    |                     |                  |                 |  |  |  |  |
| City: Montpe   | lier           |                |                                       | State: VT          | Zij                 | Code: 05633      |                 |  |  |  |  |
| Contact: John  | Ostrum         |                | Telep                                 | hone: (802) 828    | 3-5652              | Fax: (802) 828   | -3533           |  |  |  |  |
| Contact: John Ostrum Telephone: (802) 828-5652 Fax: (802) 828-3533  Removal Contractor Name: Crothers Environmental Group, LLC |                |                |                                       |                    |                     |                  |                 |  |  |  |  |
| Address: 29 Duncan Road  |                |                |                                       |                    |                     |                  |                 |  |  |  |  |
| City: Morris   | ville          | nont Zij       | Code: 05661                           |                    |                     |                  |                 |  |  |  |  |
| Contact: Chris   | Crothers       |                |                                       |                    | 3-1936              | Fax:             |                 |  |  |  |  |
|  |                | general): TBD  |                                       |                    |                     |                  |                 |  |  |  |  |
| Address:   |                |                |                                       |                    |                     |                  |                 |  |  |  |  |
| City:  |                |                |                                       | State: VT          | Zip Code:           |                  |                 |  |  |  |  |
|  |                |                |                                       |                    |                     | Fax:             |                 |  |  |  |  |
| VI. Procedure, include Category I and Complete Bulk sampled being complete.  | ategory II nor | -friable ACM:  |                                       |                    | and to estimate the |                  |                 |  |  |  |  |
| VII. Approximate Am  | ount of Asbes  | tos Materials: | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                    |                     |                  |                 |  |  |  |  |
|  |                |                | П                                     | Non-friable Asl    | pestos Material     | Non-friable As   | bestos Material |  |  |  |  |
|  |                | RACM to be     | Removed                               | to be Re           |                     | NOT to be        | Removed         |  |  |  |  |
|  |                |                |                                       | Category I         | Category II         | Category I       | Category II     |  |  |  |  |
| Pipes (linear feet)  |                | TBD            |                                       | TBD                |                     | 0                | 0               |  |  |  |  |
| Surface Area (square fee   | et)            | TBE            |                                       | TBD                |                     | 0                | 0               |  |  |  |  |
| Facility Components (cubic feet)   |                |                |                                       |                    | 0                   | 0                |                 |  |  |  |  |
| Facility Components (cu  | bic feet)      |                |                                       |                    |                     |                  |                 |  |  |  |  |
|  |                | Renovation:    | Start: 0                              | 7/02/12            | Complete            | 12/30/12         | 0               |  |  |  |  |
|  | Demolition or  |                |                                       | 7/02/12<br>7/02/12 | Complete            | 12/30/12         | U               |  |  |  |  |
| VIII. Scheduled Dates  | Demolition or  |                |                                       | 7/02/12            |                     | 12/30/12         | Sunday          |  |  |  |  |

| X.     |                                     | n of planned Demolition or Renovation work to<br>tion techniques to be used and description of aff   |                    |        |  | loyed, including demolition                 |
|--------|-------------------------------------|--|--------------------|--------|--|---|
| Asbest |                                     | ing materials to be removed. State perso   |                    |        |  | After ACM removal                           |
|        |                                     | be demolished utilizing heavy equipment,   |                    |        |  |   |
| XI.    |                                     | n of work practices and engineering controls to  | be used to comply  | with   | the requiremen   | ts, including asbestos                      |
|        | ensive procedure<br>decontamination | nd waste handling emission control procedures:<br>es in accordance with the USEPA Asbestos NESHAP regulation<br>in structure, containment barriers, negative pressure enclosure,   |                    |        |  |   |
| XII.   |                                     | nsporter #1  |                    |        |  |   |
| 78.00  | Name:                               | TBD  |                    |        |  |   |
|        | Address:                            |  |                    |        |  |   |
|        | City:                               |  | State:             | -      | and the second s | Zip Code:                                   |
|        | Contact:                            |  | Telephone:         | (      | )  |   |
|        | Waste Tra                           | insporter #2   |                    | Ť      |  |   |
|        | Name:                               | TBD  |                    |        |  |   |
|        | Address:                            |  |                    |        |  | 100   |
|        | City:                               | 10 100   | State:             |        |  | Zip Code:                                   |
|        | Contact:                            |  | Telephone:         | (      | )  |   |
| XIII.  | Waste Dis                           | posal  |                    |        |  |   |
|        | Name:                               | TBD  |                    |        |  |   |
|        | Address:                            |  |                    |        |  |   |
|        | City:                               |  | State:             | 8      |  | Zip Code:                                   |
|        | Contact:                            |  | Telephone:         | (      | )  |   |
| XIV.   |                                     | y Demolition (complete Item XIV only if this proje   | ect is an Emergenc | y Der  | mo.)   |   |
|        |                                     | tach a copy of the Order to this notice.   |                    |        | m:.1   |   |
|        |                                     | ame of Authority Issuing Order:  |                    |        | Title:   |   |
|        |                                     | athority of Order (Citation of Code):  ate of Order (MM/DD/YY):  |                    |        | Date (   | Ordered to Begin                            |
| XV.    |                                     | y Renovation (Attach separate sheet with the follo   | owing information  | if pro |  |   |
| 12     | +                                   | ate and Hour of the Emergency:   | , <del></del>      | n pro  | Jeer to DimerBerre   | ,   |
|        | 2. De                               | escription of the Sudden, Unexpected Event:  |                    |        |  |   |
|        | 3. Ex                               | xplanation of how the event caused unsafe condition  | ns or equipment da | mage   | e or an unreasona  | ble financial burden.                       |
|        |                                     |  |                    |        |  |   |
| XVL    |                                     | on of procedures to be followed in the event that pulverized, or reduced to powder.  | unexpected RAC     | M is   | found or non-fr  | iable ACM becomes                           |
| Same   |                                     | on X above   |                    |        |  |   |
| XVII.  |                                     | nat an individual trained in the provisions of NES   |                    |        |  |   |
|        |                                     | Demolition or Renovation, and evidence that the vailable during normal business hours.   | required training  | has b  | been accomplishe   | ed by this person will be                   |
|        | 1)                                  | A STATE OF THE STA |                    |        |  |   |
|        | -all                                | Signature of Organia   | 06/18/12<br>Data   | -  -   |  | - Owner's Consultant<br>rint Name and Title |
|        |                                     | Signature of Owner/Operator  | Date               |        | Type of Pi   | Int Name and The                            |
| XVIII  |                                     | edge the existence of laws prohibiting the submi   |                    | nislea | ding statements  | , and I certify that facts                  |
|        |                                     | ontained in this notification are true, accurate, a  | ina compiete.      |        |  |   |
|        | 90                                  | LCC  | 06/18/12           | _      |  | - Owner's Consultant                        |
|        |                                     | Signature of Owner/Operator  | Date               |        | Type or Pi   | rint Name and Title                         |

| Operator Project # CEG888200 Postmark 6//3//2 Date Received                             |   |                |            |                |                           | Notification # |                               |  |  |
|---|---|----------------|------------|----------------|---------------------------|----------------|-------------------------------|--|--|
| L Type of Notifi  | cation (check one   | Cano           | eled       |                |                           |                |                               |  |  |
| II. Facility Des Building Name: Ose   | •   |                |            |                |                           |                |                               |  |  |
| Address: 103 Sout   |   |                |            |                |                           |                |                               |  |  |
| City: Waterbury   | City: Waterbury State: Vermont Zip Code: 05671 County: Washington |                |            |                |                           |                |                               |  |  |
| Site Location : Waterbury State Complex - 103 South Main Street - Waterbury, Vermont    |   |                |            |                |                           |                |                               |  |  |
| Building Size (square feet): 9,500 sq.ft. per floor # of Floors: 4 Age in Years: 80 +/- |   |                |            |                |                           |                |                               |  |  |
| Present Use: State Offices Prior Use: State Hospital                                    |   |                |            |                |                           |                |                               |  |  |
| III. Type of Opera  | ation (check one)   | Demo           | Ordered De | mo Renovati    | on Emergence              | y Renovation   | Fire Training                 |  |  |
| IV. Is Asbestos Pr  | resent? (check or   | ne): 🗸 Yes     | ☐ No       |                |                           |                |                               |  |  |
| V. Facility Information   |   |                |            |                |                           |                |                               |  |  |
| ACCOUNT AND DISCONDING  |   |                |            | dings & Genera | l Services                |                |                               |  |  |
| 200000 DV10000 DV10000  | Governor Aiken  | Avenue, Drav   | /er 33     |                |                           |                |                               |  |  |
| City: Mont  |   |                |            |                | Zi                        |                |                               |  |  |
|   |   |                |            |                | 8-5652                    | Fax: (802) 828 | 3-3533                        |  |  |
| 10-40   | ntractor Name:  |                | rironmenta | l Group, LLC   |                           |                |                               |  |  |
| Address: 29 Duncan Road   |   |                |            |                |                           |                |                               |  |  |
| City: Morri   |   | nont Zi        |            |                |                           |                |                               |  |  |
| Contact: Ch   | ris Crothers  |                | Telep      | phone: (802)88 | 8-1936                    | Fax:           |                               |  |  |
| Other Opera   | ator (demolition/   | general): TBD  |            |                |                           |                |                               |  |  |
|   |   |                |            |                |                           |                |                               |  |  |
| City:   | - (0-11-11-11-11-11-11-11-11-11-11-11-11-11                       |                |            | State: VT      | Zi                        | p Code:        |                               |  |  |
| Contact:  |   |                | Telej      | phone: ()      |                           | Fax:           |                               |  |  |
|   | l Category II nor   | n-friable ACM: |            |                | f and to estimate to      |                | Gest 10 10                    |  |  |
| VII. Approximate  | Amount of Asbes   | tos Materials: |            |                |                           |                |                               |  |  |
|   |   | RACM to be     | Removed    |                | bestos Material<br>emoved |                | sbestos Material<br>e Removed |  |  |
|   |   |                |            | Category I     | Category II               | Category I     | Category II                   |  |  |
| Pipes (linear feet)   |   | 180            |            |                |                           | 0              | 0                             |  |  |
| Surface Area (square  | feet)   |                |            |                | 200                       | 0              | 0                             |  |  |
| Facility Components (   | cubic feet)   |                |            |                |                           | 0              | 0                             |  |  |
| VIII. Scheduled Da  | tes Demolition or   | Renovation:    | Start: 0   | 7/02/12        | Complete                  | 12/30/12       |                               |  |  |
| IX. Dates for Asb   | estos Removal (I  | MM/DD/YY)      | Start: 0   | 07/02/12       | Complete                  | 08/30/12       |                               |  |  |
| Days of the Week:   | Monday  | Tuesday        | Wednesda   | ay Thursday    | Friday                    | Saturday       | Sunday                        |  |  |
| Hours of Operation:   | 7-6   | 7-6            | 7-6        | 7-6            | 7-6                       | 7-6            |                               |  |  |

|                                      |                                   |  |  |                  |  | 1 ago 2 01 2   |
|--------------------------------------|-----------------------------------|--|--|------------------|--|--|
| X.                                   | Description or renova             | on of planned Demolition or Renovation work to be<br>tion techniques to be used and description of affec   | e performed and  | d m              | ethod(s) to be emp                               | ployed, including demolition                                       |
| Asbest<br>Buildin                    | os-contair                        | ning materials to be removed. State person be demolished utilizing heavy equipment, s  | nel to begin s   | alva             | age operations.                                  | After ACM removal  |
| XL                                   | Description                       | on of work practices and engineering controls to be  | e used to comply   | y wi             | th the requiremen                                | nts, including asbestos  |
| Comprehe<br>methods, o<br>monitoring | ensive procedur<br>decontaminatio | and waste handling emission control procedures:<br>res in accordance with the USEPA Asbestos NESHAP regulation<br>in structure, containment barriers, negative pressure enclosure, p   | and the Vermont Re<br>roper waste shipme   | egular<br>nt & d | tions for Asbestos Con<br>disposal, post abateme | atrol. This includes wet removal<br>ent visual inspections and air |
| XII                                  | Waste Tr                          | ansporter #1   |  | _                |  |  |
| Total Voltage Branch                 | Name:                             | TBD  |  |                  |  |  |
|                                      | Address:                          |  | - 1989   |                  |  |  |
|                                      | City:                             | Y  | State:   |                  |  | Zip Code:  |
|                                      | Contact:                          |  | Telephone:   | (                | )  |  |
|                                      | Waste Tra                         | ansporter #2   | -1   | _                |  |  |
|                                      | Name:                             | TBD  |  |                  |  |  |
|                                      | Address:                          |  |  | -                |  |  |
|                                      | City:                             |  | State:   |                  | ***************************************          | Zip Code:  |
|                                      | Contact:                          |  | Telephone:   | (                | )  |  |
| XIII.                                | Waste Dis                         | sposal   |  |                  |  |  |
|                                      | Name:                             | TBD  |  |                  |  |  |
|                                      | Address:                          |  |  |                  |  |  |
|                                      | City:                             |  | State:   |                  | Water III  | Zip Code:  |
|                                      | Contact:                          |  | Telephone:   | (                | )  |  |
| XIV.                                 |                                   | y Demolition (complete Item XIV only if this project   | t is an Emergenc   | y D              | emo.)  |  |
|                                      |                                   | tach a copy of the Order to this notice.   |  |                  |  |  |
|                                      |                                   | ame of Authority Issuing Order:  |  |                  | Title:   |  |
|                                      |                                   | uthority of Order (Citation of Code):  ate of Order (MM/DD/YY):  |  |                  | Deta   | Ordered to Denie   |
| XV.                                  |                                   | y Renovation (Attach separate sheet with the follow  | ing information  | if n             |  | Ordered to Begin   |
| 22.                                  |                                   | ate and Hour of the Emergency:   | ing miorination  | п þі             | loject is Emergenc                               | y Renovation.)   |
|                                      | 2. De                             | escription of the Sudden, Unexpected Event:  |  |                  |  |  |
|                                      | 3. Ex                             | aplanation of how the event caused unsafe conditions   | or equipment da  | mag              | ge or an unreasona                               | ble financial burden.  |
|                                      |                                   |  |  |                  |  |  |
| XVL                                  | Descriptio                        | n of procedures to be followed in the event that up<br>pulverized, or reduced to powder.   | nexpected RAC  | M is             | found or non-fr                                  | iable ACM becomes  |
| Same                                 |                                   | on X above   |  |                  |  |  |
| XVII                                 |                                   | at an individual trained in the provisions of NESH   |  |                  |  |  |
|                                      |                                   | Demolition or Renovation, and evidence that the re-<br>vailable during normal business hours.  | quired training  | has              | been accomplished                                | ed by this person will be  |
|                                      | ///                               | Of Charles Business Hours.   | P1 = 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |                  |  |  |
| /.                                   | na                                | Signature of Owner/Operator  | 06/18/12   | -                |  | - Owner's Consultant   |
|                                      |                                   | ar of the first states of  | Date   |                  |  | int Name and Title   |
| XVIII                                | I acknowle                        | edge the existence of laws prohibiting the submiss<br>ontained in this notification are true, accurate, and  | ion of false or n<br>d complete.   | nisle            | eading statements                                | , and I certify that facts   |
| /                                    | 1/1                               |  | 06/18/12   |                  | Chris Crothere                                   | - Owner's Consultant   |
| -                                    | 7 66                              | Signature of Owner/Operator  | Date   | -                |  | int Name and Title   |
|                                      |                                   | The state of the s | - Company of the Comp | -                |  |  |

| Operator Project # CEG888200 P   | Postmark 6/18   | /12          | Date Received              |                           | Notification # | ŧ  |  |  |  |
|--|-----------------|--------------|----------------------------|---------------------------|----------------|--|--|--|--|
| I. Type of Notification (check or  | ne):            | Original     | Revised                    | l Can                     | celed          |  |  |  |  |
| II. Facility Description Building Name: 5 Park Row   |                 |              |                            |                           |                | West   |  |  |  |
| Address: 5 Park Row  |                 |              |                            |                           |                |  |  |  |  |
| 10/-4L   | 0.              | Verme        | ont as a                   | 05671                     | )A/a-h         | :  |  |  |  |
| City: Waterbury State: Vermont Zip Code: 05671 County: Washington Site Location: Waterbury State Complex - 103 South Main Street - Waterbury, Vermont    |                 |              |                            |                           |                |  |  |  |  |
| Building Size (square feet): 800 sq.   | fi              |              |                            |                           |                | 0.1/   |  |  |  |
| Building Size (square feet): 800 sq.ft. # of Floors: 1 plus basement Age in Years: 50 +/- Present Use: State Offices Prior Use: State Hospital Residence |                 |              |                            |                           |                |  |  |  |  |
| III. Type of Operation (check one): ✓ Demo ☐ Ordered Demo ☐ Renovation ☐ Emergency Renovation ☐ Fire   |                 |              |                            |                           |                |  |  |  |  |
| IV. Is Asbestos Present? (check of   |                 | No           |                            | TARGETA                   | cy rechovation | The Hammig   |  |  |  |
| V. Facility Information  |                 |              |                            |                           |                |  |  |  |  |
| Owner Name: State of Ve  | rmont, Departn  | nent of Buil | dings & Genera             | I Services                |                |  |  |  |  |
| Address: 2 Governor Aike   | n Avenue, Drav  | wer 33       |                            |                           | HW-S-W         |  |  |  |  |
| City: Montpelier   |                 |              | State: VT                  | Zi                        | ip Code: 05633 |  |  |  |  |
| Contact: John Ostrum   |                 | Tele         | phone: (802)82             | 8-5652                    | Fax: (802) 828 | 8-3533   |  |  |  |
| Removal Contractor Name:   |                 | con.         |                            |                           |                | Section and a section of the section |  |  |  |
| Address:   |                 |              |                            |                           |                |  |  |  |  |
| City:  |                 |              |                            |                           | ip Code:       |  |  |  |  |
| Contact:   |                 |              |                            |                           |                |  |  |  |  |
| Other Operator (demolition   | /general): TBD  |              |                            |                           | VS             | · ·  |  |  |  |
| Address:   |                 | -            |                            |                           |                |  |  |  |  |
| City:  |                 |              | State: VT                  | Zi                        | p Code:        |  |  |  |  |
| Contact:   |                 | Telej        | phone: ()                  |                           | Fax:           |  |  |  |  |
| VI. Procedure, including analytica<br>Category I and Category II no<br>Bulk sample collected by an acc   | n-friable ACM:  |              |                            |                           |                |  |  |  |  |
| VII. Approximate Amount of Asbe  | stos Materials: |              |                            |                           |                |  |  |  |  |
|  | RACM to be      | Removed      | Non-friable As<br>to be Re | bestos Material<br>emoved |                | bestos Material<br>Removed   |  |  |  |
|  |                 |              | Category I                 | Category II               | Category I     | Category II  |  |  |  |
| Pipes (linear feet)  |                 |              |                            |                           |                |  |  |  |  |
| Surface Area (square feet)   |                 |              |                            |                           |                |  |  |  |  |
| Facility Components (cubic feet)   |                 |              |                            |                           |                |  |  |  |  |
| VIII. Scheduled Dates Demolition o   | r Renovation:   | Start: 0     | 7/02/12                    | Complete                  | 2: 12/30/12    |  |  |  |  |
| IX. Dates for Asbestos Removal (   | MM/DD/YY)       | Start: 0     | 7/09/12                    | Complete                  | 08/30/12       |  |  |  |  |
| Days of the Week: Monday   | Tuesday         | Wednesda     | ry Thursday                | Friday                    | Saturday       | Sunday   |  |  |  |
| Hours of Operation: 7-6  | 7-6             | 7-6          | 7-6                        | 7-6                       | 7-6            | <del>                                     </del>   |  |  |  |

| X                        | Description of planned Demolition or Renovation work to<br>or renovation techniques to be used and description of aff             | be performed and m<br>fected facility compo | ethod(s) to be employed, including demolition<br>nents:  |
|--------------------------|---|---|--|
| State p                  | personnel to begin salvage operations. Asbestos to  | 다 모든 사이는 이번에 하는 사람이 사무를 가는 사람이 가득하는데        |  |
| utilizing                | heavy equipment, such as an excavator.  |   |  |
| XI.                      | Description of work practices and engineering controls to   | be used to comply wi                        | ith the requirements, including asbestos   |
| Comprehe                 | removal and waste handling emission control procedures: ensive procedures in accordance with the USEPA Asbestos NESHAP regulation | on and the Verment Begule                   | tions for Ashestes Control. This is all decount  |
| methods, o<br>monitoring | decontamination structure, containment barriers, negative pressure enclosure  | , proper waste shipment &                   | disposal, post abatement visual inspections and air  |
| XII.                     | Waste Transporter #1  |   |  |
|                          | Name: TBD if needed   |   |  |
|                          | Address:  |   | The state of the s |
|                          | City:   | State:                                      | Zip Code:  |
|                          | Contact:  | Telephone: (                                | )  |
|                          | Waste Transporter #2  | _   |  |
|                          | Name:   |   |  |
|                          | Address:  |   |  |
|                          | City:   | State:                                      | Zip Code:  |
|                          | Contact:  | Telephone: (                                | )  |
| XIII                     | Waste Disposal  |   |  |
|                          | Name:   |   |  |
|                          | Address:  |   |  |
|                          | City:   | State:                                      | Zip Code:  |
|                          | Contact:  | Telephone: (                                | )  |
| XIV.                     | Emergency Demolition (complete Item XIV only if this project  | ect is an Emergency D                       | Demo.)   |
|                          | <ol> <li>Attach a copy of the Order to this notice.</li> </ol>  |   |  |
|                          | 2. Name of Authority Issuing Order:   |   | Title:   |
|                          | 3. Authority of Order (Citation of Code):   |   | Died in Die  |
| XV.                      | 4. Date of Order (MM/DD/YY):  |   | Date Ordered to Begin  |
| AV.                      | Emergency Renovation (Attach separate sheet with the follows). Date and Hour of the Emergency:                                    | wing information if p                       | roject is Emergency Renovation.)   |
|                          | Description of the Sudden, Unexpected Event:  |   |  |
|                          | Explanation of how the event caused unsafe condition  | ns or equipment dama                        | ge or an unreasonable financial burden.  |
|                          |   | *   |  |
| XVL                      | Description of procedures to be followed in the event that  | unexpected RACM i                           | s found or non-friable ACM becomes   |
|                          | crumbled, pulverized, or reduced to powder.   |   |  |
| Same                     | as Section X above  |   |  |
| XVII.                    | I certify that an individual trained in the provisions of NES   |   |  |
|                          | Demolition or Renovation, and evidence that the available during normal business hours.   | required training has                       | s been accomplished by this person will be   |
|                          | Acto  |   |  |
| -                        | Signature of Orenand Onewater   | 06/18/12                                    | Chris Crothers - Owner's Consultant  |
|                          | Signature of Owner/Operator   | Date  | Type or Print Name and Title   |
| XVIII                    | I acknowledge the existence of laws prohibiting the submi<br>contained in this notification are true, accurate, a                 |   | eading statements, and I certify that facts  |
|                          | BH  |   |  |
| -                        | Signature of Orenas/Orenates  | 06/18/12                                    | Chris Crothers - Owner's Consultant  |
|                          | Signature of Owner/Operator   | Date  | Type or Print Name and Title   |

CEKTIFIED WAILT

CROTI Environm 29 Duncan Road Morrisville, VT 05661 eddidetallableadablalladdallff

7008 3230 0001 3627 3812



1000



U.S. Epa – Region 1
Asbestos NESHAP Division
Attn: Demo/Reno Notifications

EPA 5 POST OFFICE SQ STE 100 BOSTON MA 02109

# **CERTIFIED MAIL**

lahhalladdahilihi

008 3230 0001 3627 3812



HH 5-4

U.S. Epa – Region 1
Asbestos NESHAP Division
Attn: Demo/Reno Notifications

EPA 5 POST OFFICE SQ STE 100 BOSTON MA 02109

| Operator Project # CEG888200  | Postmark   | 6/19/1                | 2           | Date Received  |  | Notification #          |   |  |
|---|--|-----------------------|-------------|--|--|-------------------------|---|--|
| I. Type of Notification (check  | The second secon | ✓ Origin              | nal         | Revised  | Cancel                                   | ed                      |   |  |
| II. Facility Description Building Name: Old Laundry Bu  |  |                       |             |  |  |                         |   |  |
| Address: 103 South Main Stree   |  | Ct-t                  | Vermoni     | Zip Code: 05   | 5671                                     | County: Washing         | gton                                      |  |
| City: Waterbury Site Location: Waterbury State  | Complex  | State:<br>- 103 South | n Main St   | reet - Waterbury                                     | . Vermont                                | Jounny.                 |   |  |
| Building Size (square feet): 9,100  |  | 100 000               |             | of Floors: 1   |  | ge in Years: 100        | +/-                                       |  |
| Present Use: State Offices  | , oq.ii.   |                       |             | or Use: State Ho                                     |  |                         |   |  |
| Type of Operation (check of   |  | 77.0                  |             | SW 100 St. 100 COM . Mark                            |  | Renovation              | Fire Training                             |  |
| T 1 1 D 10/1  | The second secon | Yes                   |             | io Renovation  | Zine geney                               |                         |   |  |
| V. Facility Information Owner Name: State of Address: 2 Governor Ai   | Vermont,   | Departmen             | nt of Build | ings & General S                                     | Services                                 |                         |   |  |
| City: Montpelier  |  |                       |             | State: VT  | Zip                                      | Code: 05633             |   |  |
| City: Montpolici Contact: John Ostrum   |  |                       | Telen       | hone: (802) 828-                                     | -5652                                    | Fax: (802) 828-         | 3533                                      |  |
| Removal Contractor Na   |  |                       |             |  |  |                         |   |  |
|   |  |                       |             |  |  |                         |   |  |
| Address: State: Zip Code:   |  |                       |             |  |  |                         |   |  |
| Contact:  |  |                       | Telep       | hone: ( )  |  | Fax:                    |   |  |
| Other Operator (demoli  |  |                       |             |  |  |                         |   |  |
| Address:  |  |                       |             |  |  |                         |   |  |
| City:   |  |                       |             | State: VT  | Zij                                      | Zip Code:               |   |  |
| Contact:  |  |                       | Telep       | ohone: ()  |  | Fax:                    |   |  |
| VI. Procedure, including analy Category I and Category I Bulk sampled collected bulk. Approximate Amount of A | II non-friab   | lited asbe            |             |  |  |                         |   |  |
|   | Non-friable Asbestos ACM to be Removed to be Removed   |                       |             | Non frieble Ac                                       | ble Asbestos Material<br>T to be Removed |                         |   |  |
|   | R.A  | ACM to be R           | emoved      |  |  | NOT to be               | bestos Material<br>Removed                |  |
|   | R.F  | ACM to be R           | emoved      |  |  | NOT to be               | bestos Material<br>Removed<br>Category II |  |
| Pipes (linear feet)   | R.F  | ACM to be R           | emoved      | to be Re   | emoved                                   | NOT to be               | Removed                                   |  |
| Pipes (linear feet)  Surface Area (square feet)   | R/   | ACM to be R           | emoved      | to be Re   | emoved                                   | NOT to be               | Removed                                   |  |
| Surface Area (square feet)  | R/   | ACM to be R           | emoved      | to be Re   | emoved                                   | NOT to be               | Removed                                   |  |
|   |  |                       |             | to be Re Category I 60                               | emoved  Category II                      | NOT to be               | Removed                                   |  |
| Surface Area (square feet) Facility Components (cubic feet)   | ion or Reno  | ovation:              | Start: (    | to be Re   | emoved  Category II                      | NOT to be<br>Category I | Removed                                   |  |
| Surface Area (square feet) Facility Components (cubic feet) VIII. Scheduled Dates Demolit                     | ion or Reno  | ovation:              | Start: (    | to be Re<br>Category I<br>60<br>08/23/12<br>07/16/12 | Category II  Complet                     | NOT to be<br>Category I | Removed                                   |  |

| X.                | Descriptio  | n of planned Demolition or Renovation work to b   | e performed and       | met    | hod(s) to be en                        | mployed, including demolition          |  |  |
|-------------------|---|---|-----------------------|--------|--|--|--|--|
|                   | or renovation techniques to be used and description of affected facility components:                                  |   |                       |        |  |  |  |  |
| Asbest<br>demolis | hed utilizi   | ning materials to be removed. State persong heavy equipment, such as an excavato                          | r (after all ACM      | l ha   | s been prop                            | eriy removed).                         |  |  |
| XI.               | Description of work practices and engineering controls to be used to comply with the requirements, including asbestos |   |                       |        |  |  |  |  |
| `amaraha          | anius propodu   | nd waste handling emission control procedures:<br>res in accordance with the USEPA Asbestos NESHAP regula | ation and the Vermont | Reau   | lations for Asbes                      | tos Control. This includes wet removal |  |  |
| methods, d        | lecontamination   | on structure, containment barriers, negative pressure enclosu   | re, proper waste ship | ment   | & disposal, and p                      | post abatement visual inspections      |  |  |
| XII.              | Waste Tra   | nsporter #1   |                       | _      |  |  |  |  |
|                   | Name:   | TBD   |                       |        |  |  |  |  |
|                   | Address:  |   |                       |        |  |  |  |  |
|                   | City:   |   | State:                |        |  | Zip Code:                              |  |  |
|                   | Contact:  |   | Telephone:            | (      | )                                      |  |  |  |
|                   | Waste Tra   | ansporter #2  | _                     |        |  |  |  |  |
|                   | Name:   | TBD   |                       |        |  |  |  |  |
|                   | Address:  |   |                       |        |  |  |  |  |
|                   | City:   |   | State:                |        |  | Zip Code:                              |  |  |
|                   | Contact:  | 8   | Telephone:            | (      | )                                      |  |  |  |
| XIII.             | Waste Di  | sposal  |                       |        |  |  |  |  |
|                   | Name:   | TBD   |                       |        |  |  |  |  |
|                   | Address:  |   |                       |        |  |  |  |  |
|                   | City:   |   | State:                |        |  | Zip Code:                              |  |  |
|                   | Contact:  |   | Telephone:            | : (    | )                                      |  |  |  |
| XIV.              |   | cy Demolition (complete Item XIV only if this proj  | ect is an Emergeno    | cy D   | emo.)                                  |  |  |  |
|                   |   | ttach a copy of the Order to this notice.   |                       |        | Titl                                   | e.                                     |  |  |
|                   |   | lame of Authority Issuing Order: Authority of Order (Citation of Code):                                   |                       | -      | 110                                    |  |  |  |
|                   |   | Date of Order (MM/DD/YY):   |                       |        | D                                      | ate Ordered to Begin                   |  |  |
| XV.               |   | cy Renovation (Attach separate sheet with the foll  | owing information     | if p   | roject is Emerg                        | gency Renovation.)                     |  |  |
| Av.               |   | Date and Hour of the Emergency:   |                       | - EX   |  |  |  |  |
|                   | <b>2.</b> I   | Description of the Sudden, Unexpected Event:  |                       |        |  |  |  |  |
|                   | 3. I  | explanation of how the event caused unsafe condition  | ons or equipment d    | lama   | ge or an unrea                         | sonable financial burden.              |  |  |
|                   |   |   | . 104                 | OB # : | - C                                    | - Frieble ACM becomes                  |  |  |
| XVI.              | Descript  | ion of procedures to be followed in the event that<br>d, pulverized, or reduced to powder.                | unexpected RAC        | LIVI   | s toung or no                          | II-II Iable ACM becomes                |  |  |
| Same              |   | tion X above  |                       |        |  |  |  |  |
|                   |   | that an individual trained in the provisions of NE  | SHAP (40 CFR F        | PAR    | T 61. SUBPAI                           | RT M) will be on -site during the      |  |  |
| XVII.             | 1 certify   | Demolition or Renovation, and evidence that the   | required training     | g ha   | s been accomp                          | olished by this person will be         |  |  |
|                   |   | available during normal business hours.   |                       |        |  |  |  |  |
|                   | KI  | OF D  | 06/19/12              |        | The second of the second of the second | ners - Owner's Consultant              |  |  |
|                   |   | Signature of Owner/Operator   | Date                  |        | Type                                   | or Print Name and Title                |  |  |
| XVIII.            | Lacknow   | vledge the existence of laws prohibiting the subn   | nission of false or   | mis    | leading staten                         | nents, and I certify that facts        |  |  |
| 12.4111.          |   | contained in this notification are true, accurate,  | and complete.         |        |  |  |  |  |
|                   | 6   | 10/10   | 06/19/12              |        | Chris Crof                             | hers - Owner's Consultant              |  |  |
|                   |   | Signature of Owner/Operator   | Date                  |        | Туре                                   | or Print Name and Title                |  |  |
|                   |   |   |                       |        |  |  |  |  |

| Operator Project # CEG   | 888200 F   | Postmark 6/19/  | /2       | Date Received               |             | Notification #               |               |  |  |  |
|--|--|---|----------|-----------------------------|-------------|------------------------------|---------------|--|--|--|
| I. Type of Notificat   | tion (check o  | ne): 🗸 Ori  | ginal    | Revised                     | Cance       | led                          |               |  |  |  |
| II. Facility Descri<br>Building Name: Mianto<br>Address: 103 South I   | enace Build  |   |          |                             |             |                              |               |  |  |  |
| The results of the second seco |  |   | . Vermon | nt Zin Code: 0              | 5671        | County: Washin               | gton          |  |  |  |
| Site Location : Waterb   |  |   |          |                             |             | county.                      |               |  |  |  |
| Building Size (square fe   |  |   |          |                             | A           | ge in Years: 95              | +/-           |  |  |  |
| Present Use: State Ma  |  |   |          |                             |             |                              |               |  |  |  |
|  |  | e): 🗸 Demo 🔲 (  |          |                             |             | Renovation                   | Fire Training |  |  |  |
| IV. Is Asbestos Pres   |  |   | ☐ No     |                             | 2000        |                              |               |  |  |  |
| V. Facility Inform<br>Owner Name:  | State of Ve  | ermont, Departme  |          | dings & General             | Services    |                              |               |  |  |  |
| City: Montpe   |  |   |          | State: VT                   | Zip         | Code: 05633                  |               |  |  |  |
| 0-000 N  |  |   |          |                             |             | Fax: (802) 828-              | 3533          |  |  |  |
|  | Contact: John Ostrum Telephone: (802) 828-5652 Fax: (802) 828-3533  Removal Contractor Name: Crothers Environmental Group, LLC |   |          |                             |             |                              |               |  |  |  |
| Address: 29 Duncan Road  |  |   |          |                             |             |                              |               |  |  |  |
| City: Morrisville State: Vermont Zip Code: 05661   |  |   |          |                             |             |                              |               |  |  |  |
| Contact: Chris   | s Crothers   |   | Telep    | hone: (802) 888             | 3-1936      | Fax:                         |               |  |  |  |
| Other Operato  | or (demolitic  | on/general): TBD  |          | 5                           |             |                              |               |  |  |  |
|  |  |   |          |                             |             |                              |               |  |  |  |
| 48 5-25  |  |   |          |                             |             | ip Code:                     |               |  |  |  |
| Contact:   |  |   | Telep    | ohone: ()                   |             | Fax:                         |               |  |  |  |
| Category I and C<br>Bulk sampled coll  | Category II i<br>lected by   | cal methods, emplo<br>non-friable ACM:<br>accredited ast<br>pestos Materials: |          |                             |             |                              |               |  |  |  |
|  |  | RACM to be  | Removed  | Non-friable Asl<br>to be Re |             | Non-friable Ask<br>NOT to be |               |  |  |  |
|  |  |   |          | Category I                  | Category II | Category I                   | Category II   |  |  |  |
| Pipes (linear feet)  |  | 30 (underg  | round)   |                             |             |                              |               |  |  |  |
| Surface Area (square fe  | eet)   |   |          |                             |             |                              |               |  |  |  |
| Facility Components (co  | ubic feet)   |   |          |                             |             |                              |               |  |  |  |
| VIII. Scheduled Date   | s Demolition   | or Renovation:  | Start: 0 | 7/03/12                     | Complete    | <sup>2</sup> 12/30/12        |               |  |  |  |
| IX. Dates for Asbes  | stos Remova  | l (MM/DD/YY)  | Start: ( | 07/03/12                    | Complete    | 08/30/12                     |               |  |  |  |
| Days of the Week:  | Monday   | Tuesday   | Wednesda | ay Thursday                 | Friday      | Saturday                     | Sunday        |  |  |  |
| Hours of Operation:  | 7-6  | 7-6   | 7-6      | 7-6                         | 7-6         | 7-6                          |               |  |  |  |

| X.   |   | n of planned Demolition or Renovation work to   |                           |   | ition |
|--|---|---|---------------------------|---|-------|
| A = b = = ±  |   | tion techniques to be used and description of aff   |                           |   |       |
|  |   | ing materials to be removed. State perso<br>ng heavy equipment, such as an excavato   |                           |   | е     |
| methods,   | removal at<br>ensive procedure<br>decontamination | n of work practices and engineering controls to<br>nd waste handling emission control procedures:<br>es in accordance with the USEPA Asbestos NESHAP regulation<br>a structure, containment barriers, negative pressure enclosure | on and the Vermont Regula | lations for Asbestos Control. This includes wet remova          | al    |
|  | where required                                    |   |                           |   |       |
| XII.   | Name:   | Insporter #1<br>TBD   |                           |   |       |
|  | Address:  |   |                           |   |       |
|  | City:   |   | State:                    | Zip Code:   |       |
|  | Contact:  |   | Telephone: (              | 220 0000  |       |
|  | Waste Tra   | ensporter #2  |                           | ,   |       |
|  | Name:   | TBD   |                           |   |       |
|  | Address:  |   |                           |   |       |
|  | City:   |   | State:                    | Zip Code:   |       |
|  | Contact:  |   | Telephone:                | ( )   |       |
| XIII.  | Waste Dis   | posal   |                           |   |       |
|  | Name:   | TBD   |                           |   |       |
|  | Address:  |   |                           |   |       |
|  | City:   |   | State:                    | Zip Code:   |       |
|  | Contact:  |   | Telephone:                | ( )   |       |
| XIV.   | - 17  | y Demolition (complete Item XIV only if this proj   | ect is an Emergency I     | Demo.)  |       |
|  |   | tach a copy of the Order to this notice.  |                           | Title:  |       |
|  |   | ame of Authority Issuing Order: uthority of Order (Citation of Code):   |                           | Titte.  | -     |
|  |   | ate of Order (MM/DD/YY):  |                           | Date Ordered to Begin   |       |
| XV.  |   | y Renovation (Attach separate sheet with the follow   | owing information if      | project is Emergency Renovation.)                               |       |
|  | 1. D  | ate and Hour of the Emergency:  |                           |   |       |
|  |   | escription of the Sudden, Unexpected Event:   |                           |   |       |
| S24 24 24 4 30 182 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | 3. Ez   | xplanation of how the event caused unsafe condition   | ns or equipment dam       | nage or an unreasonable financial burden.                       |       |
| XVI.   |   | n of procedures to be followed in the event that pulverized, or reduced to powder.  | unexpected RACM           | is found or non-friable ACM becomes                             |       |
| Same   | as Secti  | on X above  |                           |   |       |
| XVII.  | I   | nat an individual trained in the provisions of NE<br>Demolition or Renovation, and evidence that the<br>vailable during normal business hours.  |                           |   |       |
|  | 12/1  | AD  | 06/19/12                  | Chris Crothers - Owner's Consultan                              | t     |
|  |   | Signature of Owner/Operator   | Date                      | Type or Print Name and Title                                    |       |
| XVIII.   |   | edge the existence of laws prohibiting the submontained in this notification are true, accurate,  |                           | sleading statements, and I certify that fac                     | ts    |
|  |   | 1   |                           | Chair Crathora Owneda Consulta                                  | nt    |
|  | 94  | Signature of Owner/Operator   | 06/19/12<br>Date          | Chris Crothers - Owner's Consultar Type or Print Name and Title |       |

| Operator Project # CEG888200 Pos   | tmark 6/19                      | 1/12   | Date Received    |                 | Notification # |                 |  |  |  |
|--|---------------------------------|--|------------------|-----------------|----------------|-----------------|--|--|--|
| I. Type of Notification (check one)  | : 🔽 Ori                         | ginal  | Revised          | Cance           | eled           |                 |  |  |  |
| II. Facility Description Building Name: Dale Building  |                                 |  |                  |                 |                |                 |  |  |  |
| Address: 103 South Main Street   |                                 |  |                  |                 |                |                 |  |  |  |
| City: Waterbury  |                                 |  | t Zip Code: 0    |                 | County: Washir | ngton           |  |  |  |
| Site Location : Waterbury State Complex - 103 South Main Street - Waterbury, Vermont   |                                 |  |                  |                 |                |                 |  |  |  |
| Building Size (square feet): 9,500 sq.ft. per floor # of Floors: 4 Age in Years: 80 +/-  |                                 |  |                  |                 |                |                 |  |  |  |
| Present Use: State Offices   |                                 | Pr   | ior Use: State H | lospital        |                |                 |  |  |  |
| III. Type of Operation (check one): 🗸 Demo 🗌 Ordered Demo 🔲 Renovation 🔲 Emergency Renovation 🔲 Fire T                               |                                 |  |                  |                 |                |                 |  |  |  |
| IV. Is Asbestos Present? (check on   | e): Yes                         | ☐ No   |                  |                 |                |                 |  |  |  |
| V. Facility Information  |                                 |  |                  |                 |                |                 |  |  |  |
| Owner Name: State of Verr  |                                 |  | lings & General  | Services        |                |                 |  |  |  |
| Address: 2 Governor Aiken  |                                 |  | 7470000          |                 |                |                 |  |  |  |
|  |                                 |  |                  | Zij             |                |                 |  |  |  |
| Contact: John Ostrum   |                                 |  |                  | 3-5652          | Fax: (802) 828 | -3533           |  |  |  |
| Removal Contractor Name:   | Crothers Env                    | ironmental   | Group, LLC       |                 |                |                 |  |  |  |
| Address: 29 Duncan Road  |                                 |  |                  |                 |                |                 |  |  |  |
| City: Morrisville  | nont Zij                        | o Code: 05661  |                  |                 |                |                 |  |  |  |
| Contact: Chris Crothers  |                                 | Telep  | hone: (802)888   | 3-1936          | Fax:           |                 |  |  |  |
| Other Operator (demolition/  | general): TBD                   |  |                  |                 |                |                 |  |  |  |
| Address:   |                                 |  |                  |                 |                |                 |  |  |  |
| City:  |                                 | 12   | State: VT        | Zi              | Zip Code:      |                 |  |  |  |
| Contact:   |                                 | Telep  | ohone: ()        |                 | Fax:           |                 |  |  |  |
| VI. Procedure, including analytical Category I and Category II not Bulk sampled collected by action VII. Approximate Amount of Asbes | n-friable ACM:<br>ccredited ask |  |                  |                 |                |                 |  |  |  |
| VIL Approximate Amount of Asbes  | tos materiais.                  |  | Non-friable As   | hestos Material | Non-friable As | bestos Material |  |  |  |
|  | RACM to be                      | Removed  | to be Re         |                 |                | Removed         |  |  |  |
|  |                                 |  | Category I       | Category II     | Category I     | Category II     |  |  |  |
| Pipes (linear feet)  | 200                             |  |                  | 8000            |                |                 |  |  |  |
| Surface Area (square feet)   |                                 |  |                  |                 |                |                 |  |  |  |
| Facility Components (cubic feet)   |                                 |  |                  |                 |                |                 |  |  |  |
| VIII. Scheduled Dates Demolition of  | r Renovation:                   | Start: 0   | 7/03/12          | Complete        | e: 12/30/12    |                 |  |  |  |
| IX. Dates for Asbestos Removal (   | MM/DD/YY)                       | The state of the s | 07/03/12         | Complet         | e: 08/30/12    |                 |  |  |  |
| Days of the Week: Monday   | Tuesday                         | Wednesd  |                  |                 | Saturday       | Sunday          |  |  |  |
|  | I depoints                      | TT CUITOGG   | ay I mursuay     | Friday          | Duranday       | Suliday         |  |  |  |

| X                     |                   |                  | ned Demolition or Renovation work t<br>iques to be used and description of a |   | ethod(s) to be employed, including demolition<br>nents:  |  |  |
|-----------------------|-------------------|------------------|--|---|--|--|--|
|                       | os-contair        | ning mate        |  | onnel to begin salv   | age operations. Building will then be  |  |  |
| XI.                   | Description       | on of work       | practices and engineering controls to  | be used to comply wi  | ith the requirements, including asbestos   |  |  |
|                       | nsive procedu     | es in accord     |  | tion and the Vermont Regula   | ations for Asbestos Control. This includes wet removal disposal, post abatement visual inspections and air |  |  |
| monitoring            | where require     | d.               |  |   |  |  |  |
| XIL                   | Waste Tr          | 0600.650 mate/20 | #1   |   |  |  |  |
|                       | Name:<br>Address: | TBD              |  | Water College |  |  |  |
|                       | City:             |                  |  | State:  | Zip Code:  |  |  |
|                       | City.  Contact:   | -                |  | Telephone: (  | )  |  |  |
|                       | Waste Tr          | ansnorter        | #2   |   |  |  |  |
|                       | Name:             | TBD              |  |   |  |  |  |
|                       | Address:          |                  |  |   |  |  |  |
|                       | City:             |                  | 3.00   | State:  | Zip Code:  |  |  |
|                       | Contact:          | Q <del> </del>   |  | Telephone:  |  |  |  |
| XIII                  | Waste Di          | sposal           |  | Marie 1995  |  |  |  |
|                       | Name:             | TBD              |  |   |  |  |  |
|                       | Address:          | 3                |  |   |  |  |  |
|                       | City:             |                  |  | State:  | Zip Code:  |  |  |
|                       | Contact:          | W                |  | Telephone:  |  |  |  |
| XIV.                  | Emergen           | cy Demoli        | tion (complete Item XIV only if this pr                                      | oject is an Emergency I   | Demo.)   |  |  |
|                       |                   |                  | by of the Order to this notice.  |   | mus.   |  |  |
|                       |                   |                  | nthority Issuing Order:  |   | Title:   |  |  |
| 1                     |                   |                  | f Order (Citation of Code):  Ler (MM/DD/YY):                                 |   | Date Ordered to Begin  |  |  |
| XV.                   |                   |                  | ation (Attach separate sheet with the fo                                     | llouring information if   |  |  |  |
| Av.                   | -                 |                  | our of the Emergency:  | nowing information it j   | project is Emergency Removation.)  |  |  |
| 1                     |                   |                  | of the Sudden, Unexpected Event:   |   |  |  |  |
|                       | <b>3.</b> E       | xplanation       | of how the event caused unsafe condit  | ions or equipment dama  | age or an unreasonable financial burden.   |  |  |
|                       |                   |                  |  |   |  |  |  |
| XVI                   |                   |                  | redures to be followed in the event the<br>ed, or reduced to powder.         | nt unexpected RACM  | is found or non-friable ACM becomes  |  |  |
| Same                  | as Sect           | ion X a          | bove   |   |  |  |  |
| XVII.                 | I certify         | hat an inc       | lividual trained in the provisions of N                                      | ESHAP (40 CFR PAR   | T 61, SUBPART M) will be on -site during the   |  |  |
|                       |                   |                  | n or Renovation, and evidence that the<br>during normal business hours.      | e required training ha  | s been accomplished by this person will be   |  |  |
|                       | K                 | ch               | 7  | 06/19/12  | Chris Crothers - Owner's Consultant  |  |  |
|                       |                   | Signa            | ture of Owner/Operator   | Date  | Type or Print Name and Title   |  |  |
| XVIII.                | I acknow          | ledge the        | existence of laws prohibiting the sub  | mission of false or mis   | eleading statements, and I certify that facts  |  |  |
| and the second second |                   |                  | in this notification are true, accurate                                      |   |  |  |  |
|                       | K                 | 101              |  | 06/19/12  | Chris Crothers - Owner's Consultant  |  |  |
|                       |                   | Signa            | ture of Owner/Operator   | Date  | Type or Print Name and Title   |  |  |

| Operator Project # CE(  | 3888200 Po   | stmark 6/19/                     | 12   | Date Received   |                           | Notification #                                |                               |
|---|--|----------------------------------|--|-----------------|---------------------------|---|-------------------------------|
| I. Type of Notifica   | the latest terminal to the latest terminal termi |                                  | ginal  | Revised         | Cance                     | led   |                               |
| II. Facility Described Building Name: Cent Address: 103 South | er Core  |                                  |  |                 |                           |   |                               |
| City: Waterbury   | Wall Ou out  | State                            | . Vermon   | t Zin Code: 0   | 05671                     | County: Washir                                | ngton                         |
| Site Location : Water   | bury State Co  | mplex - 103 Sou                  | .th Main S   | treet - Waterbu | ry, Vermont               |   |                               |
| Building Size (square f                                       |  |                                  |  |                 | A                         | age in Years: 10                              | 8 +/-                         |
| Present Use: Offices,   | Action all the second posterior and action and action and action and action and action action and action ac |                                  |  |                 | lospital Kitchen          |   |                               |
|   |  |                                  | Ordered Den  | no Renovatio    | n Emergency               | Renovation                                    | Fire Training                 |
| IV. Is Asbestos Pro   |  |                                  | ☐ No   | 100             |                           |   |                               |
| V. Facility Infor   | : State of Ver   | mont, Departmen<br>Avenue, Drawe |  | lings & General | Services                  |   |                               |
| Address: 2 G  |  |                                  |  | State: VT       | Zip                       | Code: 05633                                   |                               |
| Contact: Joh  | in in  |                                  |  |                 | 3-5652                    |   |                               |
| ON THE REAL PROPERTY.   |  | Crothers Envi                    | A STATE OF S |                 |                           | <u>, , , , , , , , , , , , , , , , , , , </u> |                               |
|   | Duncan Roa   |                                  |  |                 |                           |   |                               |
| City: Morri   |  |                                  |  | State: VT       | Zij                       | Code: 05661                                   |                               |
| 10 5 5 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5                      |  |                                  |  |                 |                           |   |                               |
|   |  | /general): TBD                   |  |                 |                           |   |                               |
| Address:  |  |                                  |  |                 |                           |   |                               |
| City:   |  |                                  |  | State: VT       | Zi                        | p Code:                                       |                               |
| Contact:  |  |                                  | Telep  | ohone: ()       |                           | Fax:  |                               |
| Category I and<br>Bulk sampled co                             | Category II no<br>llected by a   | on-friable ACM:                  |  |                 | and to estimate the       |   |                               |
|   |  | RACM to be                       | Removed  |                 | bestos Material<br>emoved |   | sbestos Material<br>e Removed |
|   |  |                                  |  | Category I      | Category II               | Category I                                    | Category II                   |
| Pipes (linear feet)   |  | 150                              |  |                 |                           |   |                               |
| Surface Area (square  | feet)  |                                  |  | 2000            |                           |   |                               |
| Facility Components (   |  |                                  |  |                 |                           |   |                               |
|   |  | or Renovation:                   | Start: 0   | 7/03/12         | Complet                   | e: 12/30/12                                   |                               |
| IX. Dates for Asb   | estos Removal  | (MM/DD/YY)                       |  | 07/03/12        | Complet                   | e: 08/30/12                                   |                               |
| Days of the Week:   | Monday   | Tuesday                          | Wednesd  |                 | Friday                    | Saturday                                      | Sunday                        |
| Hours of Operation:   | 7-6  | 7-6                              | 7-6  | 7-6             | 7-6                       | 7-6   |                               |
|   | , ,  |                                  |  |                 |                           |   |                               |

| X.                                     | Description                            | n of plan                  | nned Demolition or Renovation work to b  | e performed and m                        | ethod(s) to be employed, including demolition   |
|--|--|----------------------------|--|--|---|
| -1-T                                   |  |                            | niques to be used and description of affe  |  |   |
| Asbest<br>demolis                      | os-contai<br>hed utilizi               | ning ma                    | terials to be removed. State person<br>vy equipment, such as an excavator                            | nnel to begin salv<br>r (after all ACM h | rage operations. Building will then be as been properly removed).   |
| XI.                                    | 11 000 000 000 000 000 000 000 000 000 |                            | k practices and engineering controls to b  | e used to comply wi                      | th the requirements, including asbestos   |
| Correct                                |  |                            | handling emission control procedures:  | and the Vermont Barrie                   | tions for Ashastos Control. This includes wat removal   |
| Compreher<br>methods, d<br>monitoring. | econtaminatio                          | es in accor<br>n structure | dance with the USEPA Asbestos NESHAP regulation containment barriers, negative pressure enclosure, p | proper waste shipment &                  | tions for Asbestos Control. This includes wet removal disposal, post abatement visual inspections and air |
| XII.                                   | Waste Tra                              | nsporte                    | r#1  |  |   |
|  | Name:                                  | TBD                        |  |  |   |
|  | Address:                               |                            |  |  |   |
|  | City:                                  |                            | 15 2000  | State:                                   | Zip Code:   |
|  | Contact:                               |                            |  | Telephone: (                             | )   |
|  | Waste Tra                              | ansporte                   | r #2   |  |   |
|  | Name:                                  | TBD                        |  |  |   |
|  | Address:                               |                            |  |  |   |
|  | City:                                  |                            |  | State:                                   | Zip Code:   |
|  | Contact:                               | 0.000                      |  | Telephone:                               | ( )   |
| XIII.                                  | Waste Dis                              | sposal                     |  |  |   |
|  | Name:                                  | TBD                        |  |  |   |
|  | Address:                               |                            |  |  |   |
|  | City:                                  |                            |  | State:                                   | Zip Code:   |
|  | Contact:                               |                            |  | Telephone:                               | ( )   |
| XIV.                                   |  |                            | lition (complete Item XIV only if this proje   | ct is an Emergency I                     | Demo.)  |
|  |  |                            | opy of the Order to this notice.   |  | Title.  |
|  |  |                            | authority Issuing Order:   |  | Title:  |
|  |  |                            | of Order (Citation of Code):  der (MM/DD/YY):  |  | Date Ordered to Begin   |
| XV.                                    |  |                            | vation (Attach separate sheet with the follo   | wing information if                      |   |
| AV.                                    |  |                            | Nation (Attach separate sheet with the folio<br>Hour of the Emergency:                               | mig information it                       | broles to Sure Barrel Trans.  |
|  |  |                            | n of the Sudden, Unexpected Event:   |  |   |
|  |  |                            | on of how the event caused unsafe condition  | s or equipment dama                      | age or an unreasonable financial burden.  |
|  |  |                            |  | N 1 1990/                                |   |
| XVI.                                   |  |                            | ocedures to be followed in the event that zed, or reduced to powder.                                 | unexpected RACM                          | is found or non-friable ACM becomes   |
| Same                                   | as Sect                                | ion X a                    | above  |  |   |
| XVII.                                  | I certify t                            | hat an ir                  | ndividual trained in the provisions of NES   | HAP (40 CFR PAR                          | T 61, SUBPART M) will be on -site during the  |
|  |  | Demoliti                   | on or Renovation, and evidence that the during normal business hours.                                | required training ha                     | as been accomplished by this person will be   |
|  | 11                                     | 6 k                        | et ()  | 06/19/12                                 | Chris Crothers - Owner's Consultant   |
|  | 1                                      | Sign                       | ature of Owner/Operator  | Date                                     | Type or Print Name and Title  |
| XVIII.                                 | I acknow                               | ledge th                   | e existence of laws prohibiting the submi  | ssion of false or mis                    | sleading statements, and I certify that facts   |
|  |  |                            | d in this notification are true, accurate, a   |  | 20 500  |
|  | 16                                     | 107                        |  | 06/19/12                                 | Chris Crothers - Owner's Consultant   |
|  | 000                                    | Sign                       | ature of Owner/Operator  | Date                                     | Type or Print Name and Title  |
| 1                                      |  |                            |  |  |   |

| Operator Project # C   | EG888200 Pos   | tmark 6/19/1                    | 2           | Date Received   |                           | Notification #         |                            |
|--|--|---------------------------------|-------------|-----------------|---------------------------|------------------------|----------------------------|
| I. Type of Noti  | fication (check one  | ): 🗸 Orig                       | ginal       | Revised         | Cance                     | eled                   |                            |
| II. Facility De Building Name: Bu  | ilding 10 South  |                                 |             |                 |                           |                        |                            |
| Address: 103 Sou   | th Main Street   |                                 |             |                 |                           |                        |                            |
| City: Waterbury  |  |                                 |             | t Zip Code: C   |                           | County: Washin         | gton                       |
| Site Location : Wa   |  |                                 |             |                 |                           |                        |                            |
| Building Size (square  |  |                                 |             |                 |                           | Age in Years: 80       | +/                         |
| Present Use: Office  |  |                                 |             |                 |                           |                        |                            |
| III. Type of Ope   | ration (check one):  | ✓ Demo 🔲 (                      | Ordered Der | no Renovatio    | on Emergency              | Renovation             | Fire Training              |
| IV. Is Asbestos  | Present? (check on   | e): 🗸 Yes                       | ☐ No        |                 |                           |                        |                            |
|  | me: State of Veri  |                                 |             | dings & General | Services                  |                        |                            |
|  | Governor Aiken   |                                 |             | - \/T           | 9:                        | 0.1 05633              |                            |
| City: Mo   |  |                                 |             |                 | Zip                       |                        | 3533                       |
|  | ohn Ostrum   |                                 |             |                 | 5-5052                    | Fax: (602) 626         | -5555                      |
|  | Contractor Name:   |                                 | ronmental   | Group, LLC      |                           |                        |                            |
|  | 29 Duncan Road   |                                 |             | Manus           | ant m                     | 05661                  |                            |
| City: Mo   |  |                                 |             |                 | nont Zij                  |                        |                            |
|  | Chris Crothers   |                                 | Telep       | hone: (802)886  | 5-1930                    | rax:                   |                            |
|  | erator (demolition/  |                                 |             |                 |                           |                        |                            |
|  |  |                                 |             |                 | 7:                        | - C- 4a                |                            |
| City:  |  |                                 |             | State: VI       | Z1                        | p Code:                |                            |
|  |  |                                 |             |                 |                           |                        |                            |
| Category I a<br>Bulk sampled   | ncluding analytica<br>and Category II no<br>collected by a<br>e Amount of Asbe | n-friable ACM:<br>ccredited ask |             |                 |                           | AP accredite           | d laboratory               |
|  |  | RACM to be                      | Removed     |                 | bestos Material<br>emoved |                        | bestos Material<br>Removed |
|  |  |                                 |             | Category I      | Category II               | Category I             | Category II                |
| Pipes (linear feet)  |  | 200                             |             |                 |                           |                        |                            |
| Surface Area (squa   | re feet)   | 22,00                           | 00          |                 |                           |                        |                            |
| Facility Componer  |  |                                 |             |                 |                           |                        |                            |
|  | Dates Demolition o   | r Renovation:                   | Start: 0    | 7/03/12         | Complet                   | e: 12/30/12            |                            |
| IX. Dates for A  | sbestos Removal (  | MM/DD/YY)                       |             | 07/03/12        | Complet                   | a series of the series |                            |
| Days of the Week:  | Monday   | Tuesday                         | Wednesd     | lay Thursday    | Friday                    | Saturday               | Sunday                     |
| Hours of Operation   |  | 7-6                             | 7-6         | 7-6             | 7-6                       | 7-6                    |                            |
| Annual Control of Cont |  |                                 |             |                 |                           |                        |                            |

| X.                 | or renova                  | tion techni                                     | ed Demolition or Renovation work<br>ques to be used and description of   | affected facility com                     | poner           | ıts:                 |  |
|--------------------|----------------------------|---|--|---|-----------------|----------------------|--|
| Asbesto<br>demolis | os-contain<br>shed utilizi | ing mate<br>ing heavy                           | rials to be removed. State per-<br>equipment, such as an excave  | sonnel to begin sa<br>ator (after all ACM | alvag<br>/I has | e operation been pro | ons. Building will then be<br>operly removed). |
| methods, d         | removal a                  | nd waste h<br>res in accorda<br>n structure, co | practices and engineering controls<br>andling emission control procedure<br>nce with the USEPA Asbestos NESHAP regul<br>ontainment barriers, negative pressure enclose | s:<br>ation and the Vermont Re            | gulation        | ns for Asbesto       | s Control. This includes wet removal           |
| XII                | Waste Tr                   | ansporter #                                     | <del>1</del> 1   |   |                 |                      |  |
|                    | Name:                      | TBD   |  |   |                 |                      |  |
|                    | Address:                   |   |  |   |                 |                      |  |
|                    | City:                      |   |  | State:                                    |                 |                      | Zip Code:                                      |
|                    | Contact:                   |   |  | Telephone:                                | (               | )                    |  |
|                    | Waste Tr                   | ansporter                                       | ¥2   |   |                 |                      |  |
|                    | Name:                      | TBD   |  |   |                 |                      |  |
|                    | Address:                   |   |  |   |                 |                      |  |
|                    | City:                      |   |  | State:                                    |                 |                      | Zip Code:                                      |
|                    | Contact:                   |   |  | Telephone:                                | (               | )                    |  |
| XIII.              | Waste Di                   | sposal  |  |   |                 |                      |  |
|                    | Name:                      | TBD   |  |   |                 |                      |  |
|                    | Address:                   |   |  |   |                 |                      |  |
|                    | City:                      |   |  | State:                                    | 20 30           |                      | Zip Code:                                      |
|                    | Contact:                   |   |  | Telephone:                                | : (             | )                    |  |
| XIV.               | 0.00                       | 7.0   | ion (complete Item XIV only if this p  | roject is an Emergeno                     | cy Der          | mo.)                 |  |
|                    |                            |   | y of the Order to this notice.   |   |                 | т                    | itle:  |
|                    |                            |   | thority Issuing Order:   |   |                 | 11                   | itie.  |
|                    |                            |   | Order (Citation of Code):  er (MM/DD/YY):  |   |                 |                      | Date Ordered to Begin                          |
| XV.                |                            |   | tion (Attach separate sheet with the f   | ollowing information                      | if pro          |                      |  |
| Av.                |                            |   | ur of the Emergency:   |   | 1               | ,                    |  |
|                    | 2. I                       | Description                                     | of the Sudden, Unexpected Event:   |   |                 |                      |  |
|                    | 3. E                       | Explanation                                     | of how the event caused unsafe cond  | itions or equipment d                     | amage           | e or an unre         | asonable financial burden.                     |
|                    |                            |   |  |   |                 |                      |  |
| XVI.               |                            |   | edures to be followed in the event to  | hat unexpected RAC                        | CM is           | found or n           | on-friable ACM becomes                         |
| Same               | e as Sect                  |   | ed, or reduced to powder.<br>DOVE  |   |                 |                      |  |
| XVII.              | I certify                  | that an ind                                     | ividual trained in the provisions of   | NESHAP (40 CFR P                          | ART             | 61, SUBPA            | ART M) will be on -site during the             |
|                    |                            | Demolition                                      | or Renovation, and evidence that turing normal business hours.   | the required training                     | g has l         | been accom           | plished by this person will be                 |
|                    | 10                         | 101   |  | 06/19/12                                  |                 | Chris Cro            | thers - Owner's Consultant                     |
|                    |                            | Signat  | ure of Owner/Operator  | Date                                      |                 | Туре                 | e or Print Name and Title                      |
| XVIII              | I acknow                   | vledge the                                      | existence of laws prohibiting the su<br>in this notification are true, accura  | bmission of false or<br>te, and complete. | misle           | ading state          | ments, and I certify that facts                |
|                    | //                         | 10-   |  | 06/19/12                                  |                 | Chris Cro            | others - Owner's Consultant                    |
|                    | 1910                       | Signat  | ture of Owner/Operator   | Date                                      | _               |                      | e or Print Name and Title                      |
|                    |                            | Signat  | are or Owner/Operator  | 27110                                     | -               | -31                  |  |

| Operator Project # CEG   | 888200 Post                        | mark 6//9//                         | 2            | Date Received   |   | Notification #  |                 |
|--|------------------------------------|-------------------------------------|--------------|-----------------|---|-----------------|-----------------|
| I. Type of Notificat   |                                    |                                     | ginal        | Revised         | Cancel                                  | led             |                 |
| II. Facility Descri  | uilding (AKA fo                    | ormer State Ho                      | spital Buil  | ding)           |   |                 |                 |
| Address: 103 South   |                                    | C                                   | Vermon       | t 7:- Cada 0:   | 5671                                    | County: Washin  | gton            |
| City: Waterbury Site Location : Waterb   | un Stata Com                       |                                     |              |                 |   | County          | 3               |
| Site Location: vvalerb  Building Size (square fe   |                                    |                                     |              |                 |   | ge in Vegrs: 95 | +/-             |
| Building Size (square fe<br>Present Use: State Ma  |                                    |                                     |              |                 |   |                 |                 |
| A  |                                    |                                     |              |                 | n Emergency                             |                 | Fire Training   |
| 7 1 1 1 D  |                                    |                                     | No No        | no Kenovalio    | II Emergency                            | Renovation      | _ The Haming    |
| IV. Is Asbestos Pres   |                                    | :): <b>V</b> 165                    |              |                 |   |                 |                 |
| V. Facility Inform   | nation<br>State of Vern            | ont Departme                        | ent of Build | lings & General | Services                                |                 |                 |
|  |                                    | Avenue, Drawe                       |              | 9               |   |                 |                 |
| City: Montpo   |                                    |                                     |              | State: VT       | Zip                                     | Code: 05633     |                 |
| Contact: John  | Ostrum                             |                                     | Telen        | hone: (802)828  | -5652                                   | Fax: (802) 828  | -3533           |
|  |                                    | Crothers Envi                       |              |                 |   |                 |                 |
|  | Duncan Road                        |                                     |              |                 |   |                 |                 |
| City: Morris   |                                    |                                     |              | State: Verm     | nont Zip                                | Code: 05661     |                 |
| Contact: Chri  | is Crothers                        |                                     | Telen        |                 | 3-1936                                  |                 |                 |
|  |                                    | general): TBD                       |              |                 |   |                 |                 |
| 00000000000000000000000000000000000000   |                                    |                                     |              |                 |   |                 |                 |
| City:  |                                    |                                     |              | State: VT       | Zij                                     | p Code:         |                 |
| Contact:   |                                    |                                     | Teler        | phone: ( )      |   | Fax:            |                 |
| VI. Procedure, includant Category I and Bulk sampled collected collected.  VII. Approximate A  | Category II not<br>by accredited a | n-friable ACM:<br>sbestos inspector |              |                 | and to estimate the dited laboratory. A |                 |                 |
| VII. Approximate A   | mount of risbes                    |                                     |              | Non-friable As  | bestos Material                         |                 | bestos Material |
|  |                                    | RACM to be                          | Removed      |                 | emoved                                  | NOT to be       | Removed         |
|  |                                    |                                     |              | Category I      | Category II                             | Category I      | Category II     |
| Pipes (linear feet)  |                                    | 200                                 |              |                 |   |                 |                 |
| Surface Area (square f   | reet)                              |                                     |              |                 |   |                 |                 |
| Facility Components (  |                                    |                                     |              |                 |   |                 |                 |
|  | es Demolition o                    | r Renovation:                       | Start: (     | 07/03/12        | Complet                                 | e: 12/30/12     |                 |
| A STATE OF THE STA | estos Removal (                    |                                     |              | 07/03/12        | Complet                                 | e: 08/30/12     |                 |
| Days of the Week:  | Monday                             | Tuesday                             | Wednesd      | lay Thursday    | Friday                                  | Saturday        | Sunday          |
| Hours of Operation:  | 7-6                                | 7-6                                 | 7-6          | 7-6             | 7-6                                     | 7-6             |                 |

| X.         | 2.7            | 21. <del>00</del> 0 | nned Demolition or Renovation work to l<br>hniques to be used and description of affo   | -  |   | loyed, including demolition                                       |
|------------|----------------|---------------------|---|--|---|---|
|            |                |                     | aterials to be removed. State person<br>avy equipment, such as an excavato  |  |   |   |
| XI.        |                |                     | rk practices and engineering controls to l  | oe used to comply w                                | vith the requiremen                                 | nts, including asbestos   |
| methods, o | nsive procedur | es in acco          | e handling emission control procedures:<br>ordance with the USEPA Asbestos NESHAP regulation<br>e, containment barriers, negative pressure enclosure, | n and the Vermont Regul<br>proper waste shipment & | lations for Asbestos Cont<br>disposal, post abateme | trol. This includes wet removal<br>ent visual inspections and air |
| XII.       | Waste Tra      |                     | er #1   |  |   |   |
|            | Name:          | TBD                 |   |  |   |   |
|            | Address:       |                     |   |  |   |   |
|            | City:          |                     |   | State:   |   | Zip Code:   |
|            | Contact:       |                     |   | Telephone: (                                       | )   | -   |
|            | Waste Tra      | nsport              | er #2   |  |   |   |
|            | Name:          | TBD                 |   |  |   |   |
|            | Address:       |                     | 4   |  |   |   |
|            | City:          |                     |   | State:   |   | Zip Code:   |
|            | Contact:       |                     |   | Telephone:   | ( )   |   |
| XIII.      | Waste Dis      | posal               |   |  |   |   |
|            | Name:          | TBD                 |   |  |   |   |
|            | Address:       |                     |   |  |   |   |
|            | City:          |                     |   | State:   |   | Zip Code:   |
|            | Contact:       |                     |   | Telephone:   | ( )   |   |
| XIV.       |                | ē                   | <b>Dittion</b> (complete Item XIV only if this proje  | ect is an Emergency                                | Demo.)  |   |
|            |                |                     | opy of the Order to this notice.  |  | Title:  |   |
|            |                |                     | Authority Issuing Order:  of Order (Citation of Code):  |  | Tiue.   |   |
|            |                |                     | rder (MM/DD/YY):  |  | Date  | Ordered to Begin  |
| XV.        |                |                     | vation (Attach separate sheet with the follo  | wing information if                                |   |   |
|            |                | 100 m               | Hour of the Emergency:  | 5  | 1 3   | •   |
|            |                |                     | on of the Sudden, Unexpected Event:   |  |   |   |
|            | 3. E           | kplanati            | on of how the event caused unsafe condition   | ns or equipment dam                                | age or an unreasona                                 | ble financial burden.   |
| XVI.       | Decementic     | n of nu             | and were to be followed in the event that   | unavnosted DACM                                    | is found or non-fr                                  | righte ACM bacomes  |
| AVL        |                |                     | ocedures to be followed in the event that ized, or reduced to powder.   | unexpected RACIVI                                  | is found or non-ir                                  | lable ACM becomes   |
| Same       | as Secti       | on X                | above   |  |   |   |
| XVII.      |                |                     | ndividual trained in the provisions of NES  |  |   |   |
|            |                |                     | ion or Renovation, and evidence that the a during normal business hours.  | required training n                                | as been accomplish                                  | ed by this person will be   |
|            | /1/            | 10                  |   | 06/40/40   | Chris Craths  | Owner's Consultant  |
|            | 190            | Sign                | nature of Owner/Operator  | 06/19/12<br>Date                                   |   | - Owner's Consultant<br>rint Name and Title                       |
|            |                |                     | •   |  |   |   |
| XVIII.     |                |                     | e existence of laws prohibiting the submi<br>ed in this notification are true, accurate, a  |  | sleading statements                                 | s, and I certify that facts                                       |
|            |                |                     | an unio mountainon are erue, accur att, a   |  | 19 <u>24</u> 828 12_ 481                            | 1 1 <u>1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>                    |
| 1          | 96             | le                  |   | 06/19/12   |   | s - Owner's Consultant  |
|            |                | Sign                | nature of Owner/Operator  | Date   | Type or P   | rint Name and Title   |

From: Crothers Environmental

29 Duncan Rd

Morrisville, VT 05661

CERTIFIED MAIL

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Utility Mailer

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U.S. POSTAGE PAID WATERBURY.VT 05676 JUN 22.12 AMOUNT

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To: USEPA-Region

Demo/Reno Notifications

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. ...

|   |                         | 16-110   | T                           | Data Bassina 1   |                             | Notification #              |                            |
|---|-------------------------|--|-----------------------------|--|-----------------------------|-----------------------------|----------------------------|
| Operator Project # CEG                      |                         |  | THE RESIDENCE OF THE PERSON | Date Received  | □ C                         |                             |                            |
| I. Type of Notificat                        |                         | ✓ Orig   | ginal                       | Revised  | Cancel                      | led                         |                            |
| II. Facility Descri<br>Building Name: Sewin |                         |  |                             |  |                             |                             |                            |
| Address: 103 South                          |                         |  |                             |  |                             |                             |                            |
| 50 M 5 G 5 G 5 G 5 G 5 G 5 G 5 G 5 G 5 G 5  | viairi Sueet            | Stata  | . Vermont                   | Zin Code (   | )5671 (                     | County: Washing             | gton                       |
| Site Location : Waterb                      | ury State Com           | plex - 103 Sou   | th Main St                  | reet - Waterbu   | ry, Vermont                 |                             |                            |
| Building Size (square fe                    |                         |  |                             |  | A                           | ge in Years: 80             | +/-                        |
| Present Use: State Of                       |                         | . por moor   |                             | or Use: State H  |                             |                             |                            |
| T   |                         |  |                             | The Beauty I   | on Emergency                | Renovation                  | Fire Training              |
|   |                         | The state of the s |                             | IO NCHOVALIC   | J. Linesgency               |                             |                            |
| IV. Is Asbestos Pres                        |                         | ). [4] 163   |                             |  |                             |                             |                            |
| V. Facility Inform                          | nation<br>State of Verm | ont Departme   | ent of Build                | ings & Genera  | Services                    |                             |                            |
|   | overnor Aiken           |  |                             |  |                             |                             |                            |
| City: Montpo                                |                         |  |                             | State: VT  | Zip                         | Code: 05633                 |                            |
| City: worte                                 | Ostrum                  |  | Telen                       |  | 8-5652                      |                             |                            |
| -   |                         |  |                             |  |                             |                             |                            |
|   |                         |  |                             |  |                             |                             |                            |
|   |                         |  |                             | State:   | Zip                         | Code:                       |                            |
| City:                                       |                         |  | Talen                       | hone: ( )  | 2.1                         | Fax:                        |                            |
|   |                         |  |                             |  |                             |                             |                            |
|   | or (demolition/g        |  |                             |  |                             |                             |                            |
| Address:                                    |                         |  |                             | States   | 7:                          | n Code:                     |                            |
| City:                                       |                         | -  | m 1                         | state:   | Zi                          | Fav:                        |                            |
|   |                         |  |                             | the state of the s |                             |                             |                            |
| Category I and<br>Bulk sampled col          | Category II non         | -friable ACM:<br>credited ast  |                             |  | f and to estimate the       | AP accredited               | d laboratory               |
|   |                         | RACM to be   | Removed                     |  | sbestos Material<br>Removed | Non-friable As<br>NOT to be | bestos Material<br>Removed |
|   |                         |  |                             | Category I   | Category II                 | Category I                  | Category II                |
| Pipes (linear feet)                         |                         |  |                             |  | 100                         |                             |                            |
| Surface Area (square                        | Feet)                   |  |                             |  |                             |                             |                            |
| Facility Components (                       |                         |  |                             |  |                             |                             |                            |
|   | es Demolition or        | Renovation:  | Start: 0                    | 7/09/12  | Complet                     | e: 12/30/12                 |                            |
|   | estos Removal (         |  |                             | 07/09/12   | Complet                     |                             |                            |
| Days of the Week:                           | Monday                  | Tuesday  | Wednesd                     |  | y Friday                    | Saturday                    | Sunday                     |
| Hours of Operation:                         | 7-6                     | 7-6  | 7-6                         | 7-6  | 7-6                         | 7-6                         |                            |
| riours of Operation:                        | 1-0                     | 1-0  | 1-0                         |  |                             | 477 177                     |                            |

| X.         |              | on of planned Demolition or Renovation work to be tion techniques to be used and description of affection                         | -                   | 207.000                    | loyed, including demolition          |
|------------|--------------|---|---------------------|----------------------------|--------------------------------------|
| Asbesto    |              | ing materials to be removed. State person   | 100                 | 8                          | Building will then be                |
|            |              | ng heavy equipment, such as an excavator  | •                   |                            |                                      |
| XI.        |              | n of work practices and engineering controls to b   | e used to comply    | with the requiremen        | ts, including asbestos               |
| Comprehe   |              | nd waste handling emission control procedures:  | and the Vermont Dec | udetiene for Ashastas Cont | mal. This is also does uset compared |
| methods, d |              | es in accordance with the USEPA Asbestos NESHAP regulation<br>n structure, containment barriers, negative pressure enclosure, pd. |                     |                            |                                      |
| XII.       | Waste Tra    | nnsporter #1  |                     | -                          |                                      |
|            | Name:        | TBD   |                     |                            |                                      |
|            | Address:     |   |                     |                            |                                      |
|            | City:        | 18 A 17   | State:              |                            | Zip Code:                            |
|            | Contact:     |   | Telephone:          | ( )                        |                                      |
|            | Waste Tra    | ansporter #2  |                     |                            |                                      |
|            | Name:        | TBD   |                     |                            |                                      |
|            | Address:     |   | 30,000              |                            |                                      |
|            | City:        |   | State:              |                            | Zip Code:                            |
|            | Contact:     | 50 20 20 20 20 20 20 20 20 20 20 20 20 20   | Telephone:          | ( )                        |                                      |
| XIII.      | Waste Dis    | posal   |                     |                            |                                      |
|            | Name:        | TBD   |                     |                            |                                      |
|            | Address:     |   |                     |                            |                                      |
|            | City:        |   | State:              |                            | Zip Code:                            |
|            | Contact:     |   | Telephone:          | ( )                        |                                      |
| XIV.       | Emergeno     | y Demolition (complete Item XIV only if this project  | ct is an Emergency  | y Demo.)                   |                                      |
|            |              | ttach a copy of the Order to this notice.   |                     |                            |                                      |
|            |              | ame of Authority Issuing Order:   |                     | Title:                     |                                      |
|            |              | uthority of Order (Citation of Code):   | 414                 | D                          | 0.114. D                             |
|            |              | ate of Order (MM/DD/YY):  |                     |                            | Ordered to Begin                     |
| XV.        | •            | ey Renovation (Attach separate sheet with the follow  | wing information    | if project is Emergence    | ey Renovation.)                      |
|            |              | ate and Hour of the Emergency: escription of the Sudden, Unexpected Event:  |                     |                            |                                      |
|            |              | escription of the Studien, Onexpected Event.  | s or equipment da   | mage or an unreasona       | ble financial burden.                |
|            | <b>3.</b> D. | apparation of now the event educed this are condition   | o or equipment du   | inage of an ameason        |                                      |
| XVI.       |              | on of procedures to be followed in the event that u<br>, pulverized, or reduced to powder.  | nexpected RAC       | M is found or non-fr       | iable ACM becomes                    |
| Same       |              | on X above  |                     |                            |                                      |
| XVII.      | I certify t  | hat an individual trained in the provisions of NES  | HAP (40 CFR PA      | ART 61, SUBPART N          | M) will be on -site during the       |
|            |              | Demolition or Renovation, and evidence that the r   | equired training    | has been accomplish        | ed by this person will be            |
|            | , T          | available during normal business hours.   |                     |                            |                                      |
|            | 1            | UT .  | 06/22/12            |                            | - Owner's Consultant                 |
|            |              | Signature of Owner/Operator   | Date                | Type or P                  | rint Name and Title                  |
| XVIII.     |              | ledge the existence of laws prohibiting the submis  |                     | nisleading statements      | s, and I certify that facts          |
|            |              | ontained in this notification are true, accurate, a   | nd complete.        |                            |                                      |
| /          | 1            |   | 06/22/12            | Chris Crothers             | s - Owner's Consultant               |
|            |              | Signature of Owner/Operator   | Date                | Type or P                  | rint Name and Title                  |
|            |              |   |                     |                            |                                      |

| Operator Project # CEG888200 Posts  | mark 6/22/                    | 12         | Date Received    |                            | Notification #               |               |
|---|-------------------------------|------------|------------------|----------------------------|------------------------------|---------------|
| I. Type of Notification (check one):  | ✓ Orig                        | ginal      | Revised          | Cancel                     | ed                           |               |
| II. Facility Description  Building Name: Old Storehouse (a.k  Address: 103 South Main Street    | .a. VT State H                | ospital Ad | missions Buildir | ng)                        |                              |               |
|   | State                         | . Vermon   | t Zin Code: 0    | )5671 (                    | County: Washing              | iton          |
| Site Location : Waterbury State Com   | plex - 103 Sou                | th Main S  | treet - Waterbu  |                            |                              |               |
| Building Size (square feet): 3,300 sq.f   | t. per floor                  |            | of Floors: 2     |                            | ge in Years: 90 +            | -/-           |
| Present Use: State Offices  |                               |            |                  | lospital Admissio          |                              |               |
| To the dealers of   |                               |            |                  |                            |                              | Fire Training |
| IV. Is Asbestos Present? (check one):   |                               | ☐ No       |                  |                            |                              |               |
| V. Facility Information  Owner Name: State of Verm  Address: 2 Governor Aiken                   | Avenue, Drawe                 | er 33      | 4-11             |                            |                              | _             |
| City: Montpelier  | 1                             |            | State: VT        | Zip                        | Code: 05633                  |               |
| Contact: John Ostrum  |                               | Telep      | hone: (802) 828  | 3-5652                     | Fax: (802) 828-3             | 3533          |
| Removal Contractor Name:  |                               |            |                  |                            |                              |               |
| Address:  |                               | INC. CO.   |                  |                            |                              |               |
| City:   |                               |            | State:           | Zip                        | Code:                        |               |
| Contact:  |                               | Telep      | ohone: ()        |                            | Fax:                         |               |
| Other Operator (demolition/g  | general): TBD                 |            |                  |                            |                              |               |
| Address:  |                               |            |                  |                            |                              |               |
| City:   |                               |            | State: VT_       | Zip                        | Code:                        |               |
| Contact:  |                               | Telep      | ohone: ()        |                            | Fax:                         |               |
| VI. Procedure, including analytical Category I and Category II non Bulk sampled collected by ac | -friable ACM:<br>credited asb |            |                  |                            |                              |               |
|   | RACM to be                    | Removed    |                  | sbestos Material<br>emoved | Non-friable Ash<br>NOT to be |               |
|   |                               |            | Category I       | Category II                | Category I                   | Category II   |
| Pipes (linear feet)   |                               |            |                  |                            |                              |               |
| Surface Area (square feet)  |                               |            |                  | 3000                       |                              |               |
| Facility Components (cubic feet)  |                               |            |                  |                            |                              |               |
| VIII. Scheduled Dates Demolition or   | Renovation:                   | Start: (   | 7/09/12          | Complete                   | 12/30/12                     | 214.3000      |
| IX. Dates for Asbestos Removal (I   | MM/DD/YY)                     | Start:     | 07/09/12         | Complete                   | : 08/30/12                   |               |
| Days of the Week: Monday  | Tuesday                       | Wednesd    |                  | Friday                     | Saturday                     | Sunday        |
| Hours of Operation: 7-6   | 7-6                           | 7-6        | 7-6              | 7-6                        | 7-6                          |               |

| X.          | Descriptio<br>or renova | n of planned Demolition or Renovation work to be<br>tion techniques to be used and description of affec  | e performed and me         | thod(s) to be employed, including demolition ents:                |
|-------------|-------------------------|--|----------------------------|---|
| State p     | ersonnel                | to begin salvage operations. Asbestos-cont<br>ng heavy equipment, such as an excavator   | taining materials          | to be removed. Building will then be                              |
| XI.         | Descriptio              | n of work practices and engineering controls to be not waste handling emission control procedures: res in accordance with the USEPA Asbestos NESHAP regulation structure, containment barriers, negative pressure enclosure.   | e used to comply wi        | th the requirements, including asbestos                           |
| metnoas, o  | decontamination         | on structure, containment barriers, negative pressure enclosure  | e, proper waste simplifier | , a disposal, and personal in                                     |
| XII.        | Waste Tra               | nnsporter #1   |                            |   |
|             | Name:                   | TBD  |                            |   |
|             | Address:                |  |                            |   |
|             | City:                   |  | State:                     | Zip Code:   |
|             | Contact:                |  | Telephone: (               | )   |
|             | Waste Tr                | ansporter #2   |                            |   |
|             | Name:                   | TBD  |                            |   |
|             | Address:                |  |                            |   |
|             | City:                   |  | State:                     | Zip Code:   |
|             | Contact:                |  | Telephone: (               | )   |
| XIII.       | Waste Di                | sposal   |                            |   |
|             | Name:                   | TBD  |                            |   |
|             | Address:                |  |                            |   |
|             | City:                   |  | State:                     | Zip Code:   |
|             | Contact:                |  | Telephone:                 | ( )   |
| XIV.        |                         | cy Demolition (complete Item XIV only if this proje  | ct is an Emergency I       | Demo.)  |
| 781 7.      |                         | ttach a copy of the Order to this notice.  | ,                          |   |
|             |                         | fame of Authority Issuing Order:   |                            | Title:  |
|             | 3. A                    | authority of Order (Citation of Code):   |                            |   |
|             |                         | Pate of Order (MM/DD/YY):  |                            | Date Ordered to Begin   |
| XV.         |                         | cy Renovation (Attach separate sheet with the follo  | wing information if        | project is Emergency Renovation.)                                 |
|             |                         | Date and Hour of the Emergency:  |                            |   |
|             | 2. I                    | Description of the Sudden, Unexpected Event:   | s ar aquinment dom         | age or an unreasonable financial burden.                          |
|             | 3. I                    | Explanation of how the event caused unsafe condition   | is or equipment dam        | age of all unreasonable interior current                          |
| N/X/T       | Danie                   | ion of procedures to be followed in the event that   | unexpected RACM            | is found or non-friable ACM becomes                               |
| XVI.        | crumble                 | d, pulverized, or reduced to powder.   | unexpected function        |   |
| Same        |                         | tion X above   |                            |   |
| XVII.       | I certify               | that an individual trained in the provisions of NES  | SHAP (40 CFR PAF           | RT 61, SUBPART M) will be on -site during the                     |
|             |                         | Demolition or Renovation, and evidence that the  | required training ha       | as been accomplished by this person will be                       |
|             |                         | available during normal business hours.  |                            | Ol : Outhors Oursels Consultant                                   |
|             | 90                      | lell   | 06/22/12                   | Chris Crothers - Owner's Consultant  Type or Print Name and Title |
|             |                         | Signature of Owner/Operator  | Date                       |   |
| XVIII.      | I acknow                | vledge the existence of laws prohibiting the submicontained in this notification are true, accurate, a   | ission of false or mi      | sleading statements, and I certify that facts                     |
|             |                         | A CONTRACTOR AND ELECTRICAL AND A LOCAL AN |                            | 00  |
|             | 0                       | ull)   | 06/22/12                   | Chris Crothers - Owner's Consultant                               |
|             |                         | Signature of Owner/Operator  | Date                       | Type or Print Name and Title                                      |
| Determinant |                         |  |                            |   |

| II. Facility Description Building Name: Old Laundry Building Address: 103 South Main Street City: Waterbury State Complex - 103 South Main Street - Waterbury, Vermont Building Size (square feet): 9,100 sq.ft. # of Floors: 1 Age in Years: 100 +/- Present Use: State Offices Prior Use: State Hospital Laundry  III. Type of Operation (check one):  Poemo Ordered Demo Renovation Emergency Renovation Fire Train IV. Is Asbestos Present? (check one):  Yes No  |
|---|
| Building Name: Old Laundry Building  Address: 103 South Main Street  City: Waterbury  |
| Address: 103 South Main Street  City: Waterbury   |
| City: Waterbury  State: Vermont Zip Code: 05671  County: Washington  Site Location: Waterbury State Complex - 103 South Main Street - Waterbury, Vermont  Building Size (square feet): 9,100 sq.ft. # of Floors: 1 Age in Years: 100 +/-  Present Use: State Offices  Prior Use: State Hospital Laundry  III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation  IV. Is Asbestos Present? (check one): Yes No  V. Facility Information   |
| Site Location: Waterbury State Complex - 103 South Main Street - Waterbury, Vermont  Building Size (square feet): 9,100 sq.ft. # of Floors: 1 Age in Years: 100 +/-  Present Use: State Offices Prior Use: State Hospital Laundry  III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation  IV. Is Asbestos Present? (check one): Yes No  V. Facility Information   |
| Building Size (square feet): 9,100 sq.ft. # of Floors: 1 Age in Years: 100 +/-  Present Use: State Offices Prior Use: State Hospital Laundry  III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation  IV. Is Asbestos Present? (check one): Yes No  V. Facility Information  |
| Present Use: State Offices  Prior Use: State Hospital Laundry  Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation  IV. Is Asbestos Present? (check one): Yes No  V. Facility Information  |
| III. Type of Operation (check one): ✓ Demo ☐ Ordered Demo ☐ Renovation ☐ Emergency Renovation ☐ Fire Train  IV. Is Asbestos Present? (check one): ✓ Yes ☐ No  V. Facility Information   |
| IV. Is Asbestos Present? (check one): ✓ Yes No  V. Facility Information   |
| V. Facility Information   |
| No. 1 (1) 1 |
|   |
| Owner Name: State of Vermont, Department of Buildings & General Services  Address: 2 Governor Aiken Avenue, Drawer 33   |
| City: Montpelier State: VT Zip Code: 05633  |
| Contact: John Ostrum  Telephone: (802) 828-5652  Fax: (802) 828-3533  |
| TPD   |
|   |
| Address: State: Zin Code:   |
| City:   |
| Other Operator (demolition/general): TBD  |
|   |
| Address:  |
| Contact: Telephone: ( Fax:  |
|   |
| VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:  |
| Bulk sampled collected by accredited asbestos inspector. Analyzed by NVLAP accredited laborate  |
| Dunk campion concerns by accidence account inspection,  |
| VII. Approximate Amount of Asbestos Materials:  |
| Non-friable Asbestos Material Non-friable Asbestos Material   |
| RACM to be Removed to be Removed NOT to be Removed  |
| Category I Category II Category I Category  |
| Pipes (linear feet)   |
| Surface Area (square feet) 60   |
| Facility Components (cubic feet)  |
| VIII. Scheduled Dates Demolition or Renovation: Start: 08/23/12 Complete: 12/30/12  |
| IX. Dates for Asbestos Removal (MM/DD/YY) Start: 07/16/12 Complete: 08/30/12  |
| Days of the Week: Monday Tuesday Wednesday Thursday Friday Saturday Sunda   |
| Hours of Operation: 7-6 7-6 7-6 7-6 7-6   |